IN THE

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

Takamasa Koshizen, et al.

APPLICATION NO.:

10/561,256

FILING DATE:

December 14, 2005

TITLE:

System and Method for Face Recognition

EXAMINER:

Not Yet Known

GROUP ART UNIT:

Not Yet Known

ATTY. DKT. NO.:

23085-08069

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Typed or Printed Name: Sabra-Anne R. Truesdale, Reg. No. 55,687

Dated:

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PRELIMINARY AMENDMENT B

1

Sir:

Prior to examination of the above-identified patent application, please amend the application as set forth below.

IAP7 Rec'd PCT/PTO 07 AUG 2006

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		Application Number		10/561,256					
·		Filing	g Da	te	December 14, 2005				
TRANSMITTAL FORM		First Named Inventor			Takamasa Koshizen				
(to be used for all correspondence during pe filed application)	endency of	Grou	ıp Ar	t Unit Number	Not Yet Known				
			nine	· Name	Not Yet Known				
Total Number of Pages in This Submission	12	Attor	ney	Docket Number	23085-08069				
ENCL	OSURES	(ch	eck	all that apply	()			一	
Fee Transmittal Form (in duplicate) Check Enclosed Return Receipt Postcard Response to Notice to File Missing Part Assignment & Recordation Cover Sheet Declaration Power of Attorney Application Data Sheet Information Disclosure Statement & PT Copies of IDS Cited Reference Request for Corrected Filing Receipt Request for Correction of Recorded Assignment/Response: Amendment/Response: After Final Status Request Revocation and Substitute Power of Atternation	O/SB/08A ces signment			Issue Fee Transi Letter to Chief Dr Formal Drawing(s [] Sheet(s Appeal Commun Interferences Appeal Commun (Appeal Notice, Certified Copy of After Allowance (c Preliminary Ame	raftsperson s): of Figure(s) [ication to Board ication to Group Brief, Reply Brief Priority Docum Communication	of Appe o ef) ent(s)			
REMARKS:									
SIGNA	TURE OF	ATTO	ORN	NEY OR AGEN	NT				
Signature:									
Attorney/Reg. No.: Sabra-Anne R. Truesdale, Reg. No. 55,687 Dated: 8 1									
	CERTIFIC	ATE (OF	MAILING			 	<u> </u>	
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Signature:									
Typed or Printed Name: Sabra-Anne R.	Truesdale				Dated:	8	1 0b		
Express Mail Mailing Number (optional):						•	•		

FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

Complete if Known						
Application Number 10/561,256						
Filing Date December 14, 2005						
First Named Inventor Takamasa Koshizen						
Examiner Name	Not Yet Known					
Art Unit	Not Yet Known					
Attorney Docket No.	23085-08069					

METHOD OF PAYMEN	NT (check all that apply)	FEE CALCULATION (continued)					
☐ Check ☐ Credit Card ☐☐ Deposit Account:	Money Order 🗌 Other 🔲 None	3. ADDITIONAL FEES					
Deposit Account Number	19-2555	<u>Large E</u>	Entity	Small	Entity	Fee Description	Fee Paid
Deposit Account Name	Fenwick & West LLP	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
Charge fee(s) indicated b Charge all required fee(s) under 37 CFR §1.16 or §	rized to: (check all that apply) lelow Credit any overpayments or any underpayment of fee(s) due 1.17 during the pendency of this	1051 1052 1053 1812	130 50 130 2,520	2051 2052 1053 1812	65 25 130 2,520	Surcharge - late filing fee or oath or declaration Surcharge - late provisional filing fee or cover sheet Non-English specification For filing a request for ex parte reexamination	
application Charge fee(s) indicated b the above-identified depo	elow, except for the filing fee to sit account.	1804 1805	920* 1,840*	1804 1805	920* 1,840*	Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action	
FEE CA	LCULATION	1251	120	2251	60	Extension for reply within first month	
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Code (\$) Code (\$) SUBTOT	Fee Description Fee Paid	1252 1253 1254 1255 1401 1402 1403 1451 1452	450 1020 1,590 2,160 500 500 1000 1,510 500	2252 2253 2254 2255 2401 2402 2403 1451 2452	225 510 795 1,080 250 250 500 1,510 250 750	Extension for reply within second month Extension for reply within third month Extension for reply within fourth month Extension for reply within fifth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to institute a public use proceeding Petition to revive - unavoidable Petition to revive - unintentional	
	FOR UTILITY AND REISSUE	1501	1,400	2501	700	Utility issue fee (or reissue)	· .
	below Fee Paid	1502	800	2502	400	Design issue fee	
Total Claims 22 -20**** 2 Independent Claims 2 -3*** = 0	x 50 = 100 x 200 = 0	1503 1460	1100	2503 1460	550 —	Plant issue fee Petitions to the Director	
Multiple Dependent	=	1807	50	1807	50	Processing fee for Provisional Applications	
Large Entity Small Entity		1806	180	1806	180	Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	Fee Description Claims in excess of 20	8021 1809	40 790	8021 2809	40 395	Recording each patent assignment per property (times number of properties) Filing a submission after final rejection	
	Independent claims in excess of 3	1810	790	2810	395	(37 ČFR 1.129(a)) For each additional invention to be examined	
1203 360 2203 180	Multiple dependent claim, if not paid	1801	790	2801	395	(37 CFR 1.129(b)) Request for Continued Examination (RCE)	
	**Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination of a design application	
1205 50 2205 25	**Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 100.00 (\$) 100.00 SUBTOTAL (3) (\$) .00 (\$) .00 SUBTOTAL (3) (\$) .00 (

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Sabra-Anne R. Truesdale	Registration No. (Attorney/Agent)	55,687		Telephone (650) 335-7187		
Signature	Assolle			Date	वानि		